Appt Date	TAX INTAKE FO	TAX INTAKE FORM		Tax Center #(301)619-6265		
NAME OF UTA:	UNIT:		EXT:			
Please print all information legibly. Branch of service (Circle one): Army/Dep Navy/Dep Air Force/Dep Marines/Dep Retiree/Dep Unit: Tax Form Filed (Circle one): 1040EZ 1040A 1040 State Form (name State)						
1) Did you file with us last year? Marital Status						
2) Taxpayer's full name:Rank						
Home Address:			State:	State: Zip:		
				Home#		
Social Security #	Security # Birth Date			Work#		
3) Spouse's full name:(Have you reported your new name to Social Security?)						
Home Address:			State: Zip:			
				Home#		
Social Security # Birth Date			Work#			
4) Exemption Information:						
Dependent(s) Full Name First/Last	Dependent's Social Security #	- 8 4 4		Months in Home	Paid Child Care/College	
5) State of Domicile (Legal Residence for tax purposes): 6) Did you or your spouse work in California? 7) Do you or your spouse have a Roth IRA? Date you contributed to Roth: 8) Did you attend college? If so, how much did you contribute? 9) Did you do a dity move? 10) Did you serve in a combat zone?						
FOR ELECTRONIC FILING: Bank information: Routing #:						
Please Circle one: Savings Checking Account #:						
THE FOLLOWING FORMS ARE ATTACHED:						
All W2(s):All 1099(s): All 1098(s): All IRA information: Interest on College Loans: Power of Attorney: Copy of 2001 tax return: Completed and signed 2002 tax return:						

AUTHORITY: Title 10, Section 3013. PRINCIPAL PURPOSE: To provide necessary data pertaining to legal assistance and tax assistance, the information is protected from routine disclosure under the Privacy Act. ROUTINE USES: To assist in electronic tax filing and statistical reports maintained in the Army Legal Assistance Program. DISCLOSURE: Voluntary, however, nondisclosure may preclude assistance.

January 2003